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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

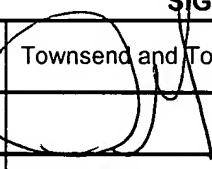
Application Number	10/765,318
Filing Date	January 26, 2004
First Named Inventor	Lurie, Keith G.
Art Unit	3736
Examiner Name	Dinnatia Jo Doster Greene
Attorney Docket Number	016354-005212US

Total Number of Pages in This Submission

## ENCLOSURES (Check all that apply)

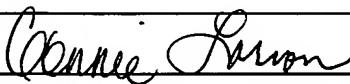
<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Replacement Drawings - Figs. 1-12C 11 Sheets	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return Postcard		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Darin J. Gibby		
Date	December 2, 2005	Reg. No.	38,464

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name	Connie Larson	Date
	December 2, 2005	